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Original Article

Assessment of Health Promotion Strategies and Self-Management Plan for Menopausal Women in Village Areas of Jaipur, Rajasthan: A Pilot Study

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Abstract

Background: Menopause is an important phase in a woman's life that brings various physical, emotional, and social changes. In rural parts of India, these changes are often made more difficult by a lack of awareness, limited healthcare facilities, and cultural taboos surrounding the topic. As a result, many women experience a lower quality of life during this period. Implementing organized health education programs and encouraging self-care practices can help women better understand and manage menopausal symptoms, leading to improved overall well-being.

Materials and Methods: A quasi-experimental study was carried out among 40 menopausal women living in selected villages of Jaipur district, with 20 participants in the experimental group and 20 in the control group, chosen through purposive sampling. Information was gathered using a socio-demographic profile sheet, the Menopause Rating Scale (MRS), and a Self-Management Perception Questionnaire (SMPQ) designed specifically for this research. The experimental group was provided with a structured health-promotion program and a self-management plan that included guidance on diet, physical activity, stress control, and symptom tracking. Both pre-test and post-test assessments were done after a 4-week period. The collected data were analyzed using descriptive and inferential statistics such as the paired t-test, independent t-test, and Pearson's correlation, with statistical significance set at $p < 0.05$.

Results: In the experimental group, the average Menopause Rating Scale (MRS) score dropped significantly from 21.5 ± 3.4 before the intervention to 14.2 ± 3.0 after it ($t = 6.51$, $p < 0.001$). In contrast, the control group showed only a slight, statistically insignificant change—from 22.0 ± 3.8 to 21.0 ± 3.5 ($t = 1.12$, $p = 0.27$). The experimental group also demonstrated a marked improvement in their Self-Management Perception Questionnaire (SMPQ) score, increasing from 32.8 ± 5.1 to 42.5 ± 4.6 ($t = 7.24$, $p < 0.001$). Additionally, education level was found to have a moderate positive relationship with self-management ability ($r = 0.56$), while greater distance from healthcare facilities was linked to less improvement in menopausal symptoms ($r = –0.44$).

Conclusion: The implementation of structured health-promotion programs along with a self-management plan led to a notable reduction in menopausal symptoms and enhanced women's confidence in managing their own health among rural participants in Jaipur. The findings highlight the vital role of education, empowerment, and community-driven initiatives in promoting better menopausal health. Future research with a larger sample size and extended follow-up period is suggested to further validate these outcomes.

Keywords: Menopause; Health Promotion; Self-Management; Rural Women; Quality of Life; Menopause

Introduction Menopause marks the permanent end of menstruation resulting from the decline in ovarian function and usually occurs between the ages of 40 and 55. This natural stage in a woman's life often brings various symptoms such as hot flashes, night sweats, sleep problems, mood fluctuations, urogenital discomfort, joint pain, and other emotional and social challenges.

In rural areas of India, these symptoms often go unnoticed or are considered a normal part of ageing, leading many women to avoid seeking medical help. Research indicates that rural women tend to experience more severe symptoms and a lower quality of life compared to those living in urban areas. Factors contributing to this include low awareness, cultural stigma, limited education, poor healthcare access, and the long distance to medical facilities.

Health-promotion programs that emphasize awareness, healthy lifestyle changes, stress reduction, and self-care practices have been shown to help manage menopausal symptoms effectively. However, there is limited research from rural regions of Rajasthan. Hence, this pilot study was undertaken to evaluate the impact of a structured health-promotion and self-management program among menopausal women residing in village areas of Jaipur district.

Objectives

1. To assess the effect of health-promotion strategies and self-management plans on the quality of life of menopausal women.
2. To determine correlations among quality-of-life domain scores in menopausal women.
3. To associate selected background variables with the overall quality of life (mean distress reduction score).

Null Hypotheses:

- **H_0:** There is no significant effect of health-promotion strategies on the quality of life of menopausal women.
- **H_1:** There is a significant correlation between quality-of-life domain scores in menopausal women.
- **H_2:** There is a significant association between selected background variables and overall quality of life in menopausal women.

Materials and Methods

Research Approach: Quantitative

Research Design: Quasi-experimental pre-test–post-test design with control and experimental groups.**SymbolDescription**EExperimental groupCControl groupO_1Pre-test observation XIntervention (Health Promotion + Self-Management Plan)O_2Post-test observation**Design pattern:** E: $O_1 \rightarrow X \rightarrow O_2$

C: $O_1 \rightarrow — \rightarrow O_2$

Research Setting: Thikariya villages under two Primary Health Centres in Jaipur district, Rajasthan.

Population and Sample:

- **Target population:** Women aged 40–60 years who had attained natural menopause (≥12 months of amenorrhea).
- **Sample size:** 40 (20 experimental, 20 control).
- **Sampling technique:** Non-probability purposive sampling.

Inclusion Criteria:

- Aged 40–60 years.
- Married and residing in the selected villages for ≥6 months.
- Naturally menopausal (≥12 months of amenorrhea).
- Able to understand and speak Hindi.
- Willing to participate.

Exclusion Criteria:

- On hormone replacement therapy within 6 months prior to study.
- Surgical menopause (hysterectomy + bilateral oophorectomy).
- Severe chronic illness (cancer, stroke, heart failure).
- Physically challenged or with cognitive impairment.

Data Collection Tools

Part A: Demographic data (age, education, occupation, marital status, family type, income). **Part B:** Modified Hilditch Menopausal Quality of Life Assessment Tool (MHMQAT). **Part C:** Self-Management Perception Questionnaire (SMPQ) – a 24-item, 5-point Likert scale (1 = not confident to 5 = very confident), maximum score = 72.

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Intervention

Experimental Group:

Received a structured health-promotion and self-management program comprising four interactive sessions (each 45 minutes) over 15 Days

1. Understanding menopause and myths.
2. Lifestyle modification (diet, exercise, sleep hygiene).
3. Stress management (relaxation, breathing, peer discussion).
4. Self-monitoring and peer-support building.

Printed handouts in Hindi were distributed, and follow-up visits were conducted by community health workers (CHWs) at week 3.

Control Group:

Received routine care available through village health services.

Data Collection Procedure

1. **Pre-tfest (O_1):** Baseline assessment (MRS and SMPQ).
2. **Intervention (X):** Two-week structured program **o**r experimental group.
3. **Post-test (O_2):** Re-assessment after 15th day.

Data Analysis

Data were analyzed using SPSS.

- **Descriptive statistics:** Mean, SD, frequencies, and percentages.
- **Inferential statistics:**
  - Paired *t*-test (within-group comparison).
  - Independent *t*-test (between groups).
  - Pearson's correlation (association with demographic variables).
- **Significance level:** $p < 0.05$.

Results

Table 1: Socio-Demographic Characteristics (n = 40)

Variable	Category	Frequency	Percentage (%)
Age (Years)	40–45	2	5
	46–50	7	17.5
	51–55	13	32.5
	56–60	18	45
Education	Non literate	11	27.5
	Primary	9	22.5
	Middle	9	22.5
	High school	7	17.5
	Higher secondary	5	12.5
Occupation	Unemployed	4	10
	Homemaker	15	37.5
	Unskilled labour	11	27.5
	Skilled labour	8	20
	Own business	2	5
Marital status	Married	36	90
	Widow	4	10
Types of Family	Nuclear	10	25
	Extended	2	5
	Joint	28	70

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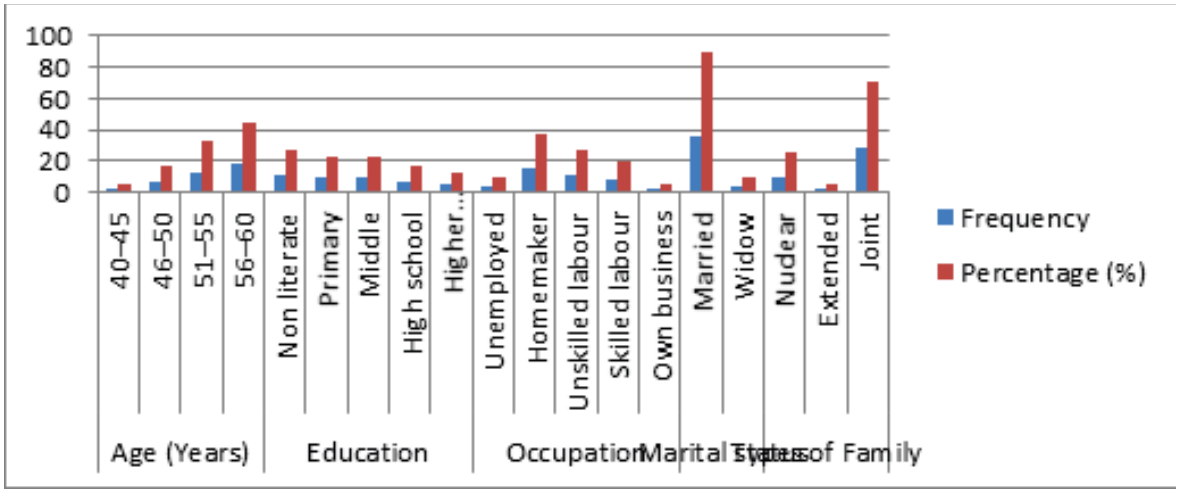

Figure 01: Socio-Demographic Characteristics (n = 40)

Table 2: Comparison of Mean MRS Scores (Pre-test & Post-test)

Group	Pre-test Mean ± SD	Post-test Mean ± SD	*t*-value	*p*-value
Experimental	21.5±3.4	14.2 ± 3.0	6.51	< 0.001 *
Control	22.0 ± 3.8	21.0 ± 3.5	1.12	0.27 (NS)

Significant at p < 0.05

Interpretation: The experimental group showed a significant reduction in menopausal symptom severity post-intervention; the control group did not.

Table 3: Self-Management Perception Scores in Experimental Group

Time point	Mean ± SD	*t*-value	*p*-value
Pre- test Symptoms	32.8 ± 5.1		
Post-test Activity Limitation	42.5 ± 4.6	7.24	< 0.001 *

Interpretation: The self-management perception score improved significantly after the intervention.

Table 4: Correlation between Post-Intervention Outcomes and Selected Variables

Variable	Outcome Measure	Correlation (r)	Interpretation
Education level	Self-Management Score	0.56	Moderate positive correlation
Monthly Income	MRS improvement (Δ)	0.48	Moderate positive correlation
Distance to Health Facility	MRS improvement (Δ)	–0.44	Moderate negative correlation

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Discussion

The study demonstrated that structured health-promotion and self-management interventions significantly reduced menopausal symptoms and improved perceived self-management ability among rural women. The findings align with prior studies from South Karnataka, Kerala, and North India showing that educational and lifestyle interventions enhance menopausal well-being.

Education and proximity to health facilities were important determinants of improvement. The participatory sessions, culturally-tailored materials, and CHW follow-up likely contributed to positive outcomes.

Limitations:

- Small sample size (n = 40).
- Short follow-up (15 days).
- Non-randomized design (potential selection bias).
- SMPQ tool requires further validation.

Conclusion: Organized health-promotion and self-management programs were found to greatly enhance the quality of life and lessen menopausal discomfort among rural women in Jaipur. Educating and empowering women through lifestyle changes and peer support helps them handle menopausal symptoms more effectively. It is recommended that such initiatives be incorporated into primary healthcare services and community-based platforms led by ASHA workers.

Recommendations

1. Integrate menopause education into village-level health services (PHCs, ASHAs).
2. Establish peer-support groups for menopausal women.
3. Conduct larger longitudinal studies (6–12 months) to assess sustainability.
4. Train community health workers in culturally appropriate menopausal care.
5. Improve accessibility of rural health facilities to reduce distance barriers.

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Conflicts of interests: There is no conflict of interest

References

1. Nagaraj D, Ramesh N, Devraj D, Umman M, John AK, Johnson AR. *Experience and perceptions regarding menopause among rural women: A cross-sectional hospital-based study in South Karnataka*. J Mid-Life Health. 2021;12(3):199–205. https://doi.org/10.4103/jmh.JMH_196_20
2. Mahajan S, Sharma P, Kaur N, Singh M. *Menopause-specific quality of life of rural women.* Indian J Community Med. 2021;46(2):273–276. https://doi.org/10.4103/ijcm.IUCM_665
3. Jindal P, Arora P, Saini P, Walia M, Thind N, Anand BK. *Knowledge, attitude and practices towards menopausal symptoms among rural women in North India.* SEEJPH. 2025;26(S2):1902-1912. https://doi.org/10.70135/seejph.vi.5337
4. Beura S, Patnaik L, Sahu M. *Menopausal symptoms: A comparative study among rural and urban women of Eastern India.* Natl J Community Med. 2021;12(11):574-578. https://doi.org/10.5455/njcm.20211120070507
5. Kandula UR, Kumari M, Soni M. *Effectiveness of a structured teaching programme on knowledge regarding menopause management among rural women (45–55 yrs) in Kanpur, U.P.* Int J Adv Res Med Surg Nurs. 2020;2(2):4-7.
6. Kannur D, Itagi S. *A comparative study on menopausal problems between rural and urban middle-aged women.* Int J Arts Humanit Soc Stud. 2019;1(1A):[Insert pages].
7. World Health Organization. *Guidelines on Managing Menopause in Primary Care Settings.* WHO; 2021.
8. Hilditch JR, Lewis J, Peter A, et al. *A menopause-specific quality of life questionnaire: Development and psychometric properties*. Maturitas. 1996;24(3):161-175.https://doi.org/10.1016/S0378-5122(96) 82006-8
9. More SP, Sujatha P, Karthiga K. *Knowledge, attitude, and experiences of menopause in postmenopausal women at a tertiary care centre: A cross-sectional study.* Int J Reprod Contracept Obstet Gynecol. 2018;7(11):4758-4761. https://doi.org/10.18203/2320-1770.ijrcog20184543